



## **Pre-Development Meeting Request**City of Rockville

Department of Planning and Development Services  111 Maryland Avenue, Rockville, Maryland 20850  Phone: 240-314-8200 • Fax: 240-314-8210 • E-mail: pds@rockvillemd.gov • Website: www.rockvillemd.gov				
Property Address Information_				
Tax Account(s)	Tract Size	Dwelling Units	Other	
Previous Approvals: (if	any)			
Application Number	Date	Action Taken		
<b>Applicant Information</b> Please supply name, address, pho	one number and e-mail Address fo	or each.		
Applicant	Phone	PhoneEmail		
Address				
Property Owner				
Name	Phone	eEmail		
Address				
	developers, applicants, staff and others application and to ensure accurate			
STAFF USE ONLY Application Acceptance				
Pre-Development Meeting Date	e Date R	eceived		
Reviewed by:	Staff Conta	act:		

roposed Project Description and scope of work Narrative lease attach a separate page if needed)
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hereby understand that the comments provided by staff at the pre-development meeting are preliminary; additional not not may be raised during the review process. I understand and agree that any discussion taking place with regards to is meeting request are for informational purposes only and is not intended to be an application for development to the ty of Rockville. I am not making an application, request for provision of services, or seeking a commitment or reement by the Planning and Development Staff/Project Planner.
ease sign and date

PDMR